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ABSTRACT

A project was undertaken to develop standardized procedures for use in conducting follow-up and assessment of adult education students, including students in basic and secondary education, general educational development (GED) programs, and vocational training. The major activities of the project included the following: review of the literature and system approaches being used relative to annual and longitudinal follow-up and assessment of adult education programs; assessment of the concerns and needs of State and local adult education practitioners in Illinois regarding the outcomes to be identified and measured for long-term follow-up and assessment; identification of a set of potential outcome data elements based on input from the needs assessment and literature review; identification and involvement of 14 test site centers representing all regions of Illinois that included programs, both rural and urban, in adult basic and secondary education as well as in vocational education and training; development for field testing of a systems approach to assess the long-term impacts of adult education programs; and introduction and administration of the first year of a proposed 3-year follow-up and assessment systems procedure. (The project-developed student case file contact record and confidential student follow-up information sheet are appended.) (MN)

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Annual Report

Standardized Procedures
For
Follow-Up Assessment

Project Staff:
William R. Browning

Lawrence Adult Center
Springfield School
District #186

Sponsored by:
Illinois State
Board of Education

Walter W. Naumer, Jr.
Chairman

Donald G. Gill
State Superintendent
of Education

Department of Adult,
Vocational and
Technical Education

Research and
Development Section
Adult Education Section

June, 1984

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A. Final Report Abstract

TITLE OF PROJECT: Standardized Procedures for Follow-Up Assessment

FUNDING AGREEMENT NUMBER: R-31-14-X-0332-490 -- E-41083M

PROJECT DIRECTOR: William R. Browning

FUNDED AGENCY: School District #186, Springfield, Illinois

LOCATION: Lawrence Adult Center, 101 East Laurel
Springfield, Illinois 62704

FUNDED PERIOD: 7/1/83 - 6/15/84

MAJOR ACCOMPLISHMENTS:

1. Reviewed the literature and the system approaches being used relative to annual and longitudinal follow-up and assessment of adult education programs.

2. Assessed the concerns and needs of DAVTE staff and the Illinois adult education practioners regarding the outcomes to be identified and measured for long-term follow-up and assessment.

3. Identified a set of potential outcome data elements based on DAVTE staff, adult education practioners, and the review of literature.

4. Identified and involved fourteen test site centers representing all regions of the state that included programs from urban and rural sectors, public school and community college programs, and programs in Adult Basic and Secondary Education and Vocational Training.

5. Developed for field testing a systems approach to assess the long-term impacts of adult education programs.

6. Introduced and administered the first year of a proposed three year follow-up and assessment systems procedure.

POTENTIAL IMPACT ON ADULT/VOCATIONAL EDUCATION:

The system for conducting follow-up and assessment of Adult Education students, including Basic and Secondary Education, GED, and Vocational Training, over an extended period of time, will provide a standardized approach to collecting information and data that can be used to identify and demonstrate the impact of Adult Education programs, including the cost-effectiveness of such programs. This assessment can direct and influence the funding levels and the programmatic approaches for such programs.

PRODUCTS DELIVERED:

100 copies of Standardized Procedures for Follow-Up Assessment, including both the implementation and the first, second, and third year follow-up documents, and 12 copies of the Annual Report to be delivered to the Department of Adult, Vocational and Technical Education at the conclusion of the project year.

B. Expenditure of Funds

The project was completed within the financial limits established in the budget of the funding agreement as modified. Actual expenditures claimed were less than budgeted for certain line items.

C. Paid Participants in Activity

This project was coordinated between the Department of Adult, Vocational and Technical Education and the Lawrence Adult Center, School District #186, Springfield, Illinois. There were several staff members of both agencies involved in the project; however there were only two paid participants.

1. William R. Browning, Project Director
   School District #186
   Lawrence Adult Center
   101 East Laurel
   Springfield, Illinois 62704
   Background and Experience: Mr. Browning has over 25 years of experience in the education field as instructor, administrator, and research specialist. He has some 15 years experience in adult education with special emphasis in curriculum development and program evaluation. For the eighteen months preceding this project, he served as manager of a program dealing with the field testing on a limited state-wide basis of a pilot long-term assessment system previously used by the Lawrence Adult Center.

2. Catherine L. Browning, Consultant
   57 Palomino Road
   Springfield, Illinois 62702
   Background and Experience: Ms. Browning provided special expertise

in the graphics design of the assessment questionnaire. Additionally, she developed hand-out material and visual aids used for in-service training for test-site center staff and for the presentations made at regional adult education work shops. She has over 10 years experience in the education field and has both training and experience in the general field of graphic arts and audio-visual education.

D. Resource Listings

1. Material Resources: N/A

2. Human Resources: A special advisory committee was appointed to advise staff in the determination of major data elements to be surveyed. The following people constituted that group which was representative of special interest groups for adult education:

a. Illinois State Board of Education

(1) James E. Roth
(2) Gail Buoy
(3) Mary Ann Merano

b. Area Planning Councils

(1) Region I - Sue Adamowski - Triton College
(2) Region II - Mary Vick - Highland Community College
(3) Region III - Jack Pfeiffer - Springfield Public Schools
(4) Region IV - Charles Sutton - Champaign/Ford Counties Adult Education
(5) Region V - Duane Rankin - Southern Illinois Area Adult Education Service

c. Practitioners

(1) Program Administrators
(a) Public Schools
Urban - James Planer - Chicago Board of Education
Rural - Duane Webb - Cairo Egyptian Adult Center
(b) Community Colleges
Si Roberts - Black Hawk College
(c) Area Vocational Schools
Jim Oettel - Decatur Area Vocational Center
(d) Institutional
Hartzel Black - Vienna Correctional Center

(2) Course Specialists
  (a) Adult Basic Education
    Val Meyer - Southern Illinois Area Adult Education Service Center
  (b) Adult Secondary/GED
    Joyce Fritsch - Bloomington/Normal Adult Education
  (c) ESL
    Pat Hunsaker - St. Clair County Adult Education
  (d) Vocational Education
    Jim Oettel - Decatur Area Vocational Center

(3) Special Services
  (a) Information-Referral and Retention
    Linda Schafer - Rockford Board of Education
  (b) Counseling
    Ed Dowling - Mattoon Area Adult Education Center
  (c) Job Placement
    Phyllis Rominger - Springfield Public Schools

(4) Evaluation
  (a) Ralph Goodman - Project Quality - Springfield
  (b) Roz Petrilli - Illinois State Board of Education

d. Adult Education/Specialists
  (1) Adult Education - Dr. Ron Cervero - Northern Illinois Area Adult Education Service Center
  (2) Research/Statistics - Dr. John Washburn - Illinois State Board of Education
    - Dr. James Nighswander - Sangamon State University

e. External Associations
  (1) Legislature - Jean Williams - Senate Majority Staff
    Diane Ford - Senate Minority Staff
    Kirk Hard - House Majority Staff
    Nancy Hopkins - House Minority Staff

  (2) Bureau of the Budget - Paul Schnirring

  (3) Coordinating Agencies
    (a) Public Aid - Marilyn Okon
    (b) Department of Commerce and Community Affairs - Lynn Currie

Fourteen adult education centers were selected to field-test the longitudinal assessment process over a three-year period of time. The following is a list of those centers and principal staff who were involved in initiating the project:

Adult Center Directors	Project Staff
Ms. Margaret Linton, Supervisor Adult Basic Education Joliet Junior College Renaissance Center 214 North Ottawa Street Joliet, Illinois 60431	Dr. Terry Irby
Ms. Theda M. Hambright Dean, Community Services Thornton Community College 15800 South State Street South Holland, Illinois 60473	John [illegible]vers
Mr. George Hayward Director of Adult Education Rockford Board of Education 201 South Madison Street Rockford, Illinois 61101	Ms. Linda K. Shafer Washington Center for Continuing Education
Mr. Simon O. Roberts Director, Adult Basic Education Black Hawk College 6600 - 34th Avenue Moline, Illinois 61264	Ms. Linda Fairweather Ms. Novella Sconyers Moline Adult Learning Center
Mr. David B. Oatman, Jr. Associate Dean for Adult Basic Education Waubansee Community College Illinois Route 47 at Harter Road Sugar Grove, Illinois 60554	Ms. Mary Ann Anthony
Dr. Jack Pfeiffer Principal of Adult Education Springfield Public Schools District 186 Lawrence Adult Education Center 101 East Laurel Street Springfield, Illinois 62704	Ms. Pat Lash
Mr. John Garth/John Muirhead Director, Adult and Vocational Education Urbana School District 116 1776 East Washington Street Room 123 Urbana, Illinois 61801	Ms. Phyllis Hand
Mr. Duane Webb Director Cairo Egyptian Adult Center 1615 Commercial Avenue Cairo, Illinois 62914	Ms. Pat Orsburn

Mr. Peter Pounce
Director
Venice-Lincoln Technical Center
South Fourth Street
Venice, Illinois 62090

Ms. Mary Donna Shaffner
Ms. Belva Ashford

Mr. Jerome Bradley
Director of Adult Education
Lewis and Clark Community College
5800 Godfrey Road
Godfrey, Illinois 62035

Ms. Susan Saksa

Mr. John Pastor
Administrator
Pana Learning Center
400 West Orange
Pana, Illinois 62557

Mr. Eugene Williman
Director of Adult Education
Quincy Public Schools
219 Baldwin Drive
Quincy, Illinois 62301

Mr. Hartzel Black
Education Administrator
Vienna Correctional Center
Vienna, Illinois 62995

Mr. Ike Turner

Mr. James Planer
Chicago Board of Education
1819 West Pershing
Chicago, Illinois 60609

Mike Lagattuta
Jackson Adult Education Center

E. Major Accomplishments

1. Goals. The project is to develop and initiate field testing of a standardized longitudinal system for conducting follow-up assessment of Adult Education students who have pursued course work in Adult Basic and/or Adult Secondary/GED, and/or Vocational Training through adult education centers in Illinois.

   Objectives. The following objectives were accomplished during the first phase of the project.

   a. To assess the current procedures in use to assess outcomes of adult education over an extended period of time.

b. To identify a set of basic outcomes to be measured that meet the general concerns of those people who are responsible for making decisions relative to the delivery of adult education programs in Illinois.

c. To develop a standardized system for collecting assessment data over an extended period of time that will address the outcome needs proposed by Illinois adult education practioners and decision makers.

d. To develop and conduct in-service programs for staff of selected Illinois adult education centers for the first phase of a three year field testing project for the proposed long-term assessment system.

e. To propose a final format for conducting the base year collection of data and the annual interviews to be subsequently conducted by the centers for those students selected for longitudinal tracking.

Activities. The following activities were completed during the first phase of the project.

a. Reviewed the literature related to long-term assessment of adult education.

b. Identified and invited key individuals with expertise or special interests in adult education to serve on advisory committee.

c. Reviewed status of current assessment systems in place in Illinois programs.

d. Determined the major basic data elements to be surveyed.

e. Developed system timelines for development of the assessment process and the initiation of the first phase of the field testing of the system.

f. Identified, selected and gained support of 14 Illinois adult education centers for field testing of project.

g. Developed the first draft of the instrumentation for the long-term assessment process.

h. Conducted presentations at five regional adult education work shops in order to gain additional review and comment of proposed assessment instrumentation.

i. Developed and conducted a one day in-service work shop for the administrators and selected staff of the 14 test site centers. The work shop dealt with the procedures and forms that were needed for the initiation of the base year study.

j. Conducted on-site visits of all 14 test site centers to provide technical assistance in the selection of the 20% sampling of the students to be tracked and other start up procedures for the base year study.

k. Reviewed and revised the content of the instruction manual developed for the field testing of the pilot project during the previous project year. This manual provides the necessary instruction for the administration of the revised instrumentation proposed for state-wide adoption in this project.

l. Conducted a second on-site visit of test site centers to review progress, to provide for format revision discussion, and to discuss the initiation of the first year follow-up procedures.

m. Prepared a final format for conducting the long-term assessment interviews. The format can be used to record the data gained during base-year, and first, second, and third year follow-ups.

n. Conducted third and final on-site visits for purpose of reviewing the year's activities and of providing for the procedures to be

followed for continuing the project for subsequent tracking of base-year students.

o. Discussed with ISBE staff the findings of the first year study and made recommendations for its continuation.

Illinois State Board of Education

Department of Adult, Vocational and Technical Education
Research and Development Section

Product Abstract

1. Title of material Standardized Procedures for Follow-Up Assessment

2. Date material was completed June, 1984

3. Please check one: New material X Revised material ____ Field-tested material ____

4. Originating agency Lawrence Adult Center

   Address 101 East Laurel, Springfield, Illinois Zip Code 62704

5. Name(s) of developer(s) William R. Browning

   Address Same Zip Code ____

6. Developed pursuant to Contract Number R-31-14-X-0332-490 E-41083M

7. Subject Matter (Check only one according to Department of Education Code):

   Code

   ____ 01 Agricultural Education
   ____ 03 Business and Office Education
   ____ 04 Distributive Education
   ____ 07 Health Occupations Education
   ____ 09 Home Economics Education
   ____ 10 Industrial Arts Education
   ____ 16 Technical Education
   ____ 17 Trade and Industrial Education
   ____ 22 Cooperative Education
   ____ Career Education
   X Other (Specify) Adult Education

8. Education Level:

   ____ Pre-K Thru 6 ____ 7-8 ____ 9-10 ____ 11-12
   ____ Post-Secondary X Adult ____ Teacher (Pre-service)
   ____ Administrator (Pre-Service) ____ Other (Specify) ____

9. Intended for Use By:

   ____ Student X Classroom Teacher X Local Administrator
   ____ Teacher Educator ____ Guidance Staff X State Personnel
   ____ Other (Specify) ____

10. Student Type:

    ____ Regular ____ Disadvantaged ____ Handicapped
    ____ Limited-English Proficiency X Other (Specify) All Adult Education Students

11. Medium and Format of Materials:

___ HARDCOPY	___ VIDEOTAPE	___ FILM	___ MICROFICHE
No. of pages 16	____ Minutes	____ Minutes	___ B & W
X Paper bound	___ B & W	___ B & W	___ Color
___ Hard bound	___ Color	___ Color	
___ Loose-leaf	____ inches	____ mm	
Photos: Yes ____	No X		
Diagrams: Yes ____	No X		

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___ ___ Hz
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___ Reel
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Contact: Name ____ Phone ( ) ____

Address ____ Zip Code ____

14. What level(s) of assistance is required to provide implementation of this outcome?

X awareness
____ understanding
____ deciding
____ implementing

15. Are Consultative/Inservice (or staff development) available? Yes____ No X

Contact: Illinois State Board of Education
Department of Adult, Vocational and Technical Education
Research and Development Section, E-426
100 North First Street
Springfield, IL 62777
(217) 782-4620

16. General Description (State the general objective and suggested method of use. Summarize the content and tell how it is organized. Write the description so that it can be used to promote the material. Continue on back of this sheet or on another sheet, if necessary.)

17. Person Completing this Abstract William R. Browning

Full Address

Lawrence Adult Center

101 East Laurel

Springfield, Illinois Zip 62704

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3. Major Dissemination Activities Summary

a. Outcomes disseminated:

1) General information

2) Documents

(a) A Standardized Procedure for Long Term Follow-Up Assessment of Adult Education Students

b. Target audience:

Adult educators and other interested parties at the national, state and local levels

c. Intended effect:

To become aware of and to increase an interest for a systematic, portable system for tracking adult education students over an extended period of time to determine the impact their educational experiences have had on their ability to function in society, to expand their educational competencies, and to become more employable, productive and responsible citizens.

d. Strategies for dissemination:

1) Presentation to Illinois regional workshops for adult educators

2) Presentation to Illinois adult education administrators at annual conference

3) Mailing of assessment instrument to adult educators at the national, state, and local level.

e. Summary:

Participation in both the adult educators' workshops and the program administrators' annual conference were

successful dissemination activities. The meetings provided an opportunity for project staff to share information, both formally and informally, on the progress of the project as well as to generate discussion concerning future application of the system state wide. Because of the interest in and the need for assessment processes in the field of adult education, it is anticipated that dissemination of the assessment instrument and the subsequent dialogue and reaction will prove invaluable in the adoption of such systems on state-wide, regional, and national levels.

4. Staff Development. N/A

5. Publicity. N/A

F. Problems

No major problems were encountered during the conduct of the project. The project was met with strong support from the participating adult education centers and the students selected for tracking. The initial sampling of 20% of completers provides for a reliable and valid assessment of those impacts being measured. Whether this level of participation can be maintained over a three year period of time remains to be determined.

G. Summations of Impact Data

Each project activity was evaluated by project staff, utilizing input from staff members of the Illinois State Board of Education and other resource persons. The evaluation data were used to provide direction for revision and modification of procedures and products.

H. Statement of Impact

The immediate impact of this project will be that adult educators at the state and local level will be aware of the benefits gained by

selecting and measuring specific and critical impacts or outcomes of adult education programs. Further, they will be made aware of the need for a systematic process to obtain this data on a state-wide basis. The long term impact will be that the use of long term follow-up assessment will assist adult educators and other decision makers to determine which programs and services provide a reasonable return on the investment of funds and assure the students that such programs and services will assist them in meeting their personal and career goals.

During this first year of the intended three year assessment, progress has been made toward the attainment of the project mission. Adult educators throughout the State have indicated strong support for such an assessment system, and the proposed system and processes have appeared to be practical and effective.

I. Conclusions and Recommendations

The steps taken in the development of the assessment instrument and the field-testing of the system processes involved adult educators throughout the state and test site centers are representative of all adult education programs. The effort taken to facilitate this broad based involvement assured the creditability of the impacts to be determined and the reliability and validity of the data collected. The selection of the test site centers also helped to demonstrate the practicality of the system for any environment. The project should be continued with the original 14 centers using the proposed long term assessment system for at least two years. The staff of the Adult Education Section of the Illinois State Board of Education can provide the leadership for this project without a great deal of additional effort. The system processes and format should be evaluated annually

for possible revision. The project staff suggests that the assessment process be considered for possible adoption state-wide to be coordinated with the on-going evaluation of adult education programs. If the system is adopted, the evaluation program should be altered to include one third of the State's programs each year but selected on a state-wide basis, rather than the present regional selection. The three year evaluation cycle could then coordinate with the longitudinal assessment system.

COVER SHEET: STUDENT CASE FILE CONTACT RECORD

STUDENT CASE CODE: ⌐‾‾‾¬ ⌐‾‾‾¬ ‾‾‾‾‾‾‾

Student	Alternative Contact
Name:	Name:
Mailing Address:	Mailing Address:
City State Zip Code	City State Zip Code
Telephone: Area Code	Telephone: Area Code
	Relationship to Student:
Name:	Name:
Mailing Address:	Mailing Address:
City State Zip Code	City State Zip Code
Telephone: Area Code	Telephone: Area Code
	Relationship to Student:
Mailing Address:	Mailing Address:
City State Zip Code	City State Zip Code
Telephone: Area Code	Telephone: Area Code

STUDENT CASE FILE CONTACT RECORD

Student Case Code: ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

Name of Program Site: _____ (1) Site Identity Number: ___ ___ ___ ___

Student Name: _____ (2) Student Identity Number: ___ ___ ___
(Last) (First) (Middle)

Student Classification: (3) O 1. Adult Basic Ed. O 2. Adult Secondary Ed. (High School Credit) O 3. Adult Secondary Ed. (GED)
O 4. Adult Vocational Skills Training O 5. ESL

Funding Source: (4) O 1. State Adult Ed. O 2. Title XX O 3. Federal Adult Ed. (Basic) O 4. Federal Adult Ed. (Secondary)
O 5. JTPA O 6. Tuition O 7. Contractual O 8. Other _____

Student Birth Date: _____ Age Group: (5) O 1. Under 21 O 2. 21-44 O 3. 45-64 O 4. 65 - over
(Month) (Day) (Year)

Student Sex: (6) O 1. Male O 2. Female Special Needs: (7) O 1. Not Special Needs O 2. Handicapped Only O 3. Disadvantaged Only
O 4. LEP Only O 5. Handicapped & Disadvantaged O 6. Handicapped & LEP
O 7. Disadvantaged & LEP O 8. Handicapped, Disadvantaged & LEP

Ethnic Group: (8) O 1. White (Not Hispanic) O 2. Black (Not Hispanic) O 3. Hispanic O 4. American Indian/Alaskan Native
O 5. Asian/Pacific Islander O 6. Other _____

Title of Vocational Program Taken by Student: _____ CIP ~~USOE~~ Code: ___ ___ ___ ___ ___ ___

Date Student Started: _____ Date Student Completed: _____
(Month-Day-Year) (Month-Day-Year)

Duration of Adult Education Program: _____ Number of Courses in Program: _____
(Total Units of Instruction)

Directions: This STUDENT CASE FILE CONTACT RECORD will be used to record student information for the Base Year (the first contact while the student is enrolled in his/her adult education program) and up to three follow-up contacts afterward. The demographic and program data for each student are used to assign a thirteen digit Student Case Code number which will be used to keep track of individual student cases and will be used to analyze student responses over time. Eight items of information are used to make up the Student Case Code. These are shown in () on the form: (1) Program Site Identity number, (2) Individual Student Identity number, (3) Student Classification, (4) Funding Source, (5) Age Group, (6) Student Sex, (7) Special Needs, and (8) Student Ethnic Group.

STUDENT CASE FILE CONTACT RECORD

Student Case Code: ⌊___⌋⌊___⌋_____

ADULT EDUCATION PROGRAM DESCRIPTION:

1. Title of Program: _____

2. List Titles of Courses that make up the Program that the Student is Taking.

   If the program is a single vocational course, check here: 0

   2.1 _____ 0

   2.2 _____ 0

   2.3 _____ 0

   2.4 _____ 0

   2.5 _____ 0

   If more than five courses make up the student's program, list the five most advanced or essential courses.

   Check the courses completed by the student. Use the circles that are provided for each course.

3. Describe the Individual Education Plan, Vocational Plan, or the Objectives Agreed to at the Time of Initial Registration.

   3.1 _____ 0

   3.2 _____ 0

   3.3 _____ 0

4. Check Each of the Following Student Services or that the Student received as a Regular Part of the Student's Adult Education Program at the School or Institution.

0 Personal counseling/referrals	0 Cooperative work experience	0 Individualized instruction
0 Vocational/career counseling	0 Paid work experience	0 Computer assisted instruct.
0 Academic/educational counseling	0 Non-paid work/study	0 Financial Aid
0 Interest testing	0 Tutorial services	0 Meals
0 Aptitude testing	0 Certification testing	0 Transportation/allowance
0 Work/job exploration	0 Student activities	0 Child Care
0 Job placement assistance	0 Library/learning center	0 Other: _____

STUDENT CASE FILE CONTACT RECORD

	Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:
Date:					
Inter-viewer:					

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
EDUCATION AND TRAINING:					
1. Prior to present adult education program, had completed:					1. Specify type of training/schooling:
1.1 Eighth grade	0				1.3
1.2 High school or GED	0				1.4
1.3 Sequenced vocational program	0				1.5
1.4 Apprenticeship or on-the-job training	0				Date of last attendance: 1.3
1.5 Other? Please explain in notes	0				1.4
					1.5
2. After completing original program, further schooling/training taken: If yes, specify the following:					2. Specify type of schooling/training:
2.1 Full-time		0	0	0	
2.2 Part-time		0	0	0	
2.3 Related to original program		0	0	0	
2.4 Related to job that is held		0	0	0	
2.5 Related to new career goal		0	0	0	
2.6 Related to personal development		0	0	0	
3. After completing original program, enrolled at following:					
3.1 Adult Education Center		0	0	0	
3.2 Community or junior college		0	0	0	
3.3 Four-year college or university		0	0	0	

STUDENT CASE FILE CONTACT RECORD

	Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3
Date:				
Inter-viewer:				

Student Case Code: _____

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
3.4 Apprenticeship or on-the-job training		0	0	0	
3.5 Technical or trade school		0	0	0	
3.6 Other? Please explain		0	0	0	
4. What best describes the student's future educational plans:					
4.1 No plans made yet	0	0	0	0	
4.2 Continue at Adult Education Center	0	0	0	0	
4.3 Go to a community college	0	0	0	0	
4.4 Go to a four-year college	0	0	0	0	
4.5 Go to a trade school	0	0	0	0	
4.6 Go into military service	0	0	0	0	
4.7 Other:	0	0	0	0	
5. Student received financial aid during training program:					
If yes, rating student gave to such financial assistance:					
5.1 Very helpful/important	0	0	0	0	
5.2 Somewhat helpful/important	0	0	0	0	
5.3 Not helpful/important	0	0	0	0	
5.4 No opinion	0	0	0	0	

STUDENT CASE FILE CONTACT RECORD

Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:

Date:				
Inter-viewer:				

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
6. Student holds a valid drivers license:					
6.1 If yes, did student hold license before program	0				
6.2 Did student earn license as part of program or after completion	0	0	0	0	
FORMER EMPLOYMENT/OCCUPATIONAL PATTERN:					
7. Held paid job prior to program entry	0				7. List name or type of most significant job:
8. Skill level of most significant job was low skilled	0				
9. Highest wage in prior job was at or below federal minimum wage level	0				9. Specify highest hourly wage $_____ per hour
POST-TRAINING EMPLOYMENT PATTERN:					
10. After completing the program (since last contact) student has:					
10.1 Worked in same occupation		0	0	0	
10.2 Changed occupations		0	0	0	
10.3 Worked for same employer		0	0	0	

STUDENT CASE FILE CONTACT RECORD

Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:

Date:				
Inter-viewer:				

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
10.4 Changed employers		0	0	0	
10.5 Gone to work for first time		0	0	0	
10.6 Been fired from a job		0	0	0	
10.7 Been laid off work		0	0	0	
10.8 Quit a job		0	0	0	
11. After program, student found a job <u>related</u> to training and is <u>now</u> working:					11. Specify job title: 11.1 11.2
11.1 Full-time		0	0	0	
11.2 Part-time		0	0	0	Number of hours/week 11.1 11.2
12. After program, student found a job <u>unrelated</u> to training and is now working:					12. Specify job title: 12.1 12.2
12.1 Full-time		0	0	0	
12.2 Part-time		0	0	0	Number of hours/week 12.1 12.2
13. After program, student in the full-time military		0	0	0	

STUDENT CASE FILE CONTACT RECORD

Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:

Date:				
Inter-viewer:				

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
14. Student not employed at time of contact, but worked sometime since last follow-up contact:					14. Specify job title of jobs held:
14.1 Full-time related		0	0	0	14.1
14.2 Part-time related		0	0	0	14.2
14.3 Full-time unrelated		0	0	0	14.3
14.4 Part-time unrelated		0	0	0	14.4
15. Length of unemployment since last contact:					
15.1 Less than one month	0	0	0	0	
15.2 Two to six months	0	0	0	0	
15.3 over six months	0	0	0	0	
16. Student is presently unavailable for employment for following reasons:					
16.1 Full-time/part-time student	0	0	0	0	
16.2 Full-time homemaker	0	0	0	0	
16.3 Health disability	0	0	0	0	
16.4 Family responsibilities	0	0	0	0	
16.5 Prefer not to move to new locality	0	0	0	0	
16.6 Other: (please list)	0	0	0	0	
17. Post-training wage level is higher than highest pre-training wage		0	0	0	17. Specify current hourly wage or highest recent wage during period since last contact:

STUDENT CASE FILE CONTACT RECORD

	Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3
Date:				
Inter-viewer:				

Student Case Code: _____

	Base Year	Follow-up Contacts 1	2	3
18. Indicate student general satisfaction with current or most recent job:				
18.1 Very satisfied	0	0	0	0
18.2 Satisfied	0	0	0	0
18.3 Not satisfied	0	0	0	0
18.4 No opinion	0	0	0	0
19. What are student's work plans:				
19.1 No plans made yet	0	0	0	0
19.2 Seek a related job	0	0	0	0
19.3 Seek a non-related job	0	0	0	0
19.4 Remain unavailable for work force	0	0	0	0
19.5 Other: (please list)	0	0	0	0
POST-TRAINING ASSESSMENT ON PROGRAM IMPACT:				
20. Adult education program was an important factor in choosing or entering present occupation	0	0	0	0

Special Comments/Notes

Contact 1: $_____/hr.
Contact 2: $_____/hr.
Contact 3: $_____/hr.

STUDENT CASE FILE CONTACT RECORD

	Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:
Date:					
Inter-viewer:					

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
21. Adult education program helped student to gain a postive self image	0	0	0	0	
22. Adult education program helped student to develop/change expectations about life and work	0	0	0	0	
23. Adult education program provided student with more than just basic information and skills	0	0	0	0	
24. Adult education program helped student to understand and develop the steps needed for self-direction	0	0	0	0	
25. Student registered or voted in last election	0	0	0	0	
26. Student has increased or improved involvement in:					
26.1 Neighborhood/community activities or events	0	0	0	0	
26.2 Church related activities	0	0	0	0	
26.3 Family concerns/events	0	0	0	0	

STUDENT CASE FILE CONTACT RECORD

Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:

Date:				
Inter-viewer:				

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
27. Student received public aid assistance before training program	0				27. Amount/month
Student received public aid assistance after completing program		0	0	0	
28. Student is resident of same area after training	0	0	0	0	
29. Moved within state to:					
29.1 City/urban area		0	0	0	
29.2 Suburban area		0	0	0	
29.3 Rural area		0	0	0	
30. Moved out of state to:					
30.1 City/urban area		0	0	0	
30.2 Suburban area		0	0	0	
30.3 Rural area		0	0	0	
31. Reasons for making move:					
31.1 To take a job/seek work		0	0	0	
31.2 No job opportunities in present area		0	0	0	
31.3 Personal/family reasons		0	0	0	
31.4 Health/medical reasons		0	0	0	
31.5 other (specify in notes)		0	0	0	

STUDENT CASE FILE CONTACT RECORD

Base Year | Follow-up Contact 1 | Follow-up Contact 2 | Follow-up Contact 3 | Student Case Code: _ _ _ _ _ _ _ _ _ _

Date:				
Inter-viewer:				

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
32. Student is head of household	0	0	0	0	
33. Indicate number of dependent minor (under 18 years old) children	0	0	0	0	
STUDENT RATING OF SELECTED PROGRAM FACTORS:					
34. Rating of counseling assistance:					
34.1 Very helpful	0	0	0	0	
34.2 Some help	0	0	0	0	
34.3 Not helpful	0	0	0	0	
34.4 No opinion or not used	0	0	0	0	
35. Rating of job placement assistance:					
35.1 Very helpful/important	0	0	0	0	
35.2 Somewhat helpful/important	0	0	0	0	
35.3 Not helpful/important	0	0	0	0	
35.4 No opinion or not used	0	0	0	0	
36. Rating of teacher assistance/concern for students in program:					
36.1 Very positive/helpful	0	0	0	0	
36.2 Somewhat positive/helpful	0	0	0	0	
36.3 Not positive/helpful	0	0	0	0	
36.4 No opinion	0	0	0	0	

STUDENT CASE FILE CONTACT RECORD

Base Year	Follow-up Contact 1	Follow-up Contact 2	Follow-up Contact 3	Student Case Code:

Date:				
Inter-viewer:				

	Base Year	Follow-up Contacts 1	2	3	Special Comments/Notes
37. Rating of relevancy of curriculum/ course content to student's educational needs:					
37.1 Very relevant	0	0	0	0	
37.2 Somewhat relevant	0	0	0	0	
37.3 Not relevant	0	0	0	0	
37.4 No opinion	0	0	0	0	
38. Rating of how practical/realistic the instruction was:					
38.1 Very practical/realistic	0	0	0	0	
38.2 Somewhat practical/realistic	0	0	0	0	
38.3 Not practical/realistic	0	0	0	0	
38.4 No opinion	0	0	0	0	

Student Contact Record
CONFIDENTIAL STUDENT FOLLOW-UP INFORMATION SHEET

Directions: Complete both sides of this information sheet by completing the requested information or by checking the response that best reflects your opinion. As soon as you complete the survey questions, please return the form in the enclosed self-addressed envelope so that we can update the information we have about you in our files. Thank you for your assistance and cooperation.

Your Name:_____

Your Current Mailing Address:_____
Street City (29) State (30) Zip

Telephone number where you can be reached: Area Code_____Number_____

If you move from the above address, what is the name and address of another person who could forward your mail or reach you so that we can get in touch with you?

Name:_____Relation to you:_____

Address:_____
Street City State Zip

Telephone Number: Area Code_____ Number _____

Answer all of the following questions by providing the requested information or checking the answer that best describes your present status or opinion. Ignore the item numbers appearing in the ( ). These item numbers are used for tabulating your responses. Your individual answers will remain confidential.

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1. Since completing the last follow-up contact, have you enrolled in further training or schooling? NO____YES, Full-time____(2.1) YES, Part-time____(2.2)

2. If YES, was training or schooling related to:
   Your original program YES____NO____(2.3) New career goal YES____NO____(2.5)
   Job that is held YES____NO____(2.4) Personal development YES____NO____(2.6)

3. Where did you take this additional training or schooling?
   Adult education center ____(3.1) Apprenticeship/on the job training____(3.4)
   Community college ____(3.2) Technical/trade school ____(3.5)
   Four-year college or university ____(3.3) Other-explain ____(3.6)
   _____

4. What are your future educational plans?
   No plans made ____(4.1) Go to four-year college ____(4.4)
   Continue at adult education center____(4.2) Go to trade school ____(4.5)
   Go to community college ____(4.3) Go into military service ____(4.6)

5. Since completing the last follow-up contact have you worked in a job related to your training? NO____ YES, Full-time____(11.1) YES, Part-time____(11.2)
   If YES, what is the title of the job?_____
   Do you now hold this job? _____(14)
   Salary/hour _____(17) Hours/week_____

6. Since completing the last follow-up contact, have you worked in a job unrelated to your training? NO____ YES, Full-time (12.1) YES, Part-time____ (12.2)
   If YES, what is title of the job?_____
   Salary/hour $_____(17) Hours/week_____Do you now hold this job?____(14)

7. Indicate your general satisfaction with your current or most recent job:
(18.1)___very satisfied; (18.2)___satisfied; (18.3)___not satisfied; (18.4)___no opinion

8. Since completing the last follow-up contact, have you been unemployed? YES___NO___
If YES, check the length of time:
(15.1)___less than 1 month; (15.2)___over 6 months; (15.3)___2 to 6 months

9. If you are presently unavailable for employment, check the reason(s) why:
(16.1)___full-time/part-time student
(16.2)___full-time homemaker
(16.3)___health disability
(16.4)___family responsibilities
(16.5)___prefer not to move
(16.6)___other (please list

10. What are your future work plans?
(19.1)___no plans made yet
(19.2)___seek a related job
(19.3)___seek a non-related job
(19.4)___remain unavailable for work force
(19.5)___other

11. Check each of the following items that apply to you since completing the last follow-up contact:
(10.1)___worked in same occupation
(10.2)___changed occupation
(10.3)___worked for same employer
(10.4)___changed employer
(10.5)___gone to work for first time
(10.6)___been fired from job
(10.7)___been laid off work
(10.8)___quit a job
(13) ___entered military full time
(6.2)___earned a driver's license
(32) ___became/remains head of household
(33) ___# of dependent, minor children
(27) ___received public aid assistance
_____amount/month
_____number of months
(25)___registered or voted in last election
(26.1)___got involved in community activities
(26.2)___got involved in church-related activities
(26.3 ___involved with family concerns

12. Rate each of the following items that were part of your original adult education program:

	Not Received	Good	Satisfactory	Not Good	Uncertain
(34) Counseling assistance you received	___	___	___	___	___
(35) Job placement assistance you received	___	___	___	___	___
(36) Teacher assistance/concern for you	___	___	___	___	___
(37) The relevancy of the curriculum	___	___	___	___	___
(38) Practical/realistic instruction	___	___	___	___	___
(5) Financial assistance you received	___	___	___	___	___

13. Rate how important your adult education program was to you for the following reasons:

	Very Important	Important	Not Important	Uncertain
(20) Choosing your present occupation	___	___	___	___
(21) Developing a positive self-image	___	___	___	___
(22) Changing expectations about life & work	___	___	___	___
(23) Providing more than information & skills	___	___	___	___
(24) Helping develop steps for self-direction	___	___	___	___

14. Since completing the last follow-up contact, have you changed residence? NO___YES___(28)
If YES, what was the reason(s) for making the move:
(31.1)___to take a job/seek work
(31.2)___no job opportunities in area
(31.3)___personal/family reasons
(31.4)___health/medical reasons
(31.5)___other (please explain)